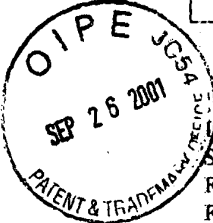


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Certificate Mailing By "U.S. Express Mail" Under 37 C.F.R. 1.10(c)
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 I hereby certify that this paper and/or fee is being deposited with the United States Postal Service "EXPRESS MAIL POST OFFICE"
 TO ADDRESSEE" service under 37 C.F.R. 1.10 on the date indicated above and is addressed to the Assistant Commissioner For
 Patents, Washington, DC 20231.
 Name: Irene H. Fernandez, Reg. No. 34,625
Irene H. Fernandez 2 Sep 1999
 Signature Signature Date

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Fernandez, D.
 Serial No.: 09/095,390
 Filed: 6/10/98
 For: Digital Television With Subscriber Conference Overlay

Attorney Docket No. FERN-P003
 Examiner: Bahgi, H.
 Art Unit: 2711

BOX AF
 Assistant Commissioner of Patents
 Washington, D.C. 20231

AMENDMENT PURSUANT TO 37 CFR 1.116 TRANSMITTAL LETTER

Dear Sir:

1. TRANSMITTED DOCUMENTS: the following documents relating to the above-identified patent application are being transmitted herewith.

- ☒ a. An Amendment for this application: 7 pages.
- ☒ b. Substituted Formal Drawings: _____ sheets. (FIGS. 1-5).
- ☒ c. A Petition For Extension of Time For Response under 37 CFR 1.136(a) incorporated herein.
- ☒ d. An Information Disclosure Statement under 37 CFR 1.97(b) 1.97(c)
- ☒ e. A stamped, self-addressed, return postcard.
- ☒ f. A Check (# 239) for \$ 435.00 to cover required fees of this correspondence.

2. APPLICANT FILING STATUS:

- ☐ a. Applicant is a Large Entity.
- ☒ b. Applicant is a Small Entity.

3. EXTENSION OF TIME:

- ☒ a. Applicant petitions for an extension of time under 37 C.F. R. 1.136 for the total number of months checked below (fees pursuant to 37 C.F.R. 1.17(a)-(d).

Extension of Time	Large Entity Fee	Small Entity Fee
i. One (1) month .	_____ \$ 110.00	_____ \$ 55.00
ii. Two (2) month .	_____ \$ 380.00	_____ \$ 190.00
iii. Three (3) month .	_____ \$ 870.00	<input checked="" type="checkbox"/> \$ 435.00
iv. Four (4) month .	_____ \$ 1,360.00	_____ \$ 680.00
v. Five (5) month .	_____ \$ 1,850.00	_____ \$ 925.00

Extension Time Fee Total: 435.00

- ☐ b. Applicant believes that no extension of time is required. However, this conditional petition is being made in case Applicant has inadvertently overlooked the need for a petition for extension of time.

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4. FEE CALCULATION:

The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

Fee Items	Claims Remaining After Amendment	Highest Number of Claims Previously Paid	Present Extra Claims	Fee Rate	Total
a. Total Claims	10	- 20 =	0	x \$ 18.00 Large Entity x \$ 9.00 Small Entity	\$
b. Independent Claims	3	- 3 =	0	x \$ 78.00 Large Entity x \$ 39.00 Small Entity	\$
c. Multiple Dependent Claims Added By This Amendment				x 260.00 Large Entity x 130.00 Small Entity	
d. Extension of Time Fee Total, if any, from above EXTENSION OF TIME section 3a.					\$ 435.00
e. Additional Fees Required With This Correspondence i) 1.17 (p) Fee for Information Disclosure under 1.97(c)					\$.00
f. Total Fees					\$ 435.00

5. PAYMENT OF FEES

The full fee due in connection with this communication is provided as follows:

_____ The Commissioner is hereby authorized to charge the fees associated with this communication or credit any overpayment to Deposit Account No: 500482. A duplicate copy of this authorization is enclosed.

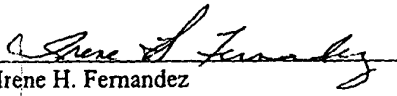
☒ A Check # 239 for \$ \$ 435.00 for the above specified Total Fee is enclosed. However, should Applicant inadvertently miscalculated the required fee, the Commissioner is hereby authorized to charge the necessary additional amount associated with this communication or credit any overpayment to Deposit Account No: 500482.

_____ Applicant does not believe that any payment of fee is needed in association with this communication. However, should Applicant inadvertently miscalculated the required fee, the Commissioner is hereby authorized to charge any necessary amount associated with this communication or credit any overpayment to Deposit Account No: 500482.

Please direct all correspondence concerning the above-identified application to the following address:

DENNIS & IRENE FERNANDEZ LLP
Patent Attorneys
10 47 El Camino Real, Suite 201
Menlo Park, CA 94025
Phone: (650) 325-4999
Fax: (650) 325-1203

Respectfully submitted,


Irene H. Fernandez
Registration No. 34,625

2 Sep 1999
Date

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supports Applicant's request for Examiner reconsideration and allowance of Claim 8, and its dependent Claims 9-10.

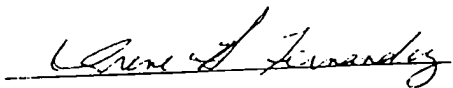
Conclusion

5 Applicant has not added any new matter by this amendment.

In view of the above, Applicant respectfully requests Examiner's reconsideration and withdrawal of rejections to Applicant's Claims 1-10. However, should there be any issue relating to this matter that can be promptly addressed by a phone conference the Examiner is encouraged to call Applicant at (650) 325-4999 to expedite a resolution.

10

Respectfully submitted,
Applicant



Date: 2 Sept. 1999

15

Irene H. Fernandez
Registration No.: 34,625

Fernandez & Associates, LLP

20 1047 El Camino Real, Ste. 201
Menlo Park, CA 94025
(650) 325-4999

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Patents, Washington, DC 20231.
Name: Lilly P. Ko Lilly P. Ko March 9, 2000
Signature Signature Date

Docket No. : FERN-P003



NOTICE OF APPEAL TRANSMITTAL LETTER

Assistant Commissioner of Patents
United States Patent and Trademark Office
Washington, D.C. 20231
ATTN: Box Appeal



Sir:

Transmitted herewith for filing is the notice of appeal of
Inventors: Fernandez, et al.
Entitled: Invention: Digital Television With Subscriber Conference Overlay
Application Number: 09,095,390

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Also enclosed are:
☒ Notice of Appeal

FEES DUE

The fees due for filing the application pursuant to 37 C.F.R. 1.17(b) are determined as follow:

Pursuant to 37 C.F.R. § 1.17(b), the fee for filing the Notice of Appeal is:

- [X] small entity
\$150.00
[] other than a small entity
\$350.00

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PAYMENT OF FEES

The full fee due in connection with this communication is \$ 205.00
and is provided as follows:

- _____ The Commissioner is hereby authorized to charge the fees associated with this communication or credit any overpayment to Deposit Account No: 500482. A duplicate copy of this authorization is enclosed.
- ☒ A Check No. 0449 for the above specified full fee is enclosed. However, in case Applicant inadvertently miscalculated any required fee, the Commissioner is hereby authorized to charge the necessary additional amount associated with this communication or credit any overpayment to Deposit Account No: 500482. A duplicate copy of this authorization is enclosed.


This application is filed pursuant to 37 C.F.R. 1.53 in the name of the above-identified Inventor(s).

Please direct all correspondence concerning the above-identified application to the following address:

FERNANDEZ & ASSOCIATES, LLP
PATENT ATTORNEYS
P.O. Box D
Menlo Park, CA 94026-6204

(650) 325-4999
(650) 325-1203 : FAX
EMAIL: *iploft@iploft.com*

Respectfully submitted,


IRENE H. FERNANDEZ, ESQ.
Reg. No. 34,625

March 9, 2000
Date